<u> </u>		E READ ALL IN	BUTTON	1 1		ING THIS FO	DRM.	e en	1
AP REII	ICATION OX STATEMENT	FLOUI	Control of Corpo	STATE STATE		FILI	ED		
DOC	UMENT#	99 NOV -5 AM 9: 48				•			
	ation Name	J39359				SECRETARY TALLAMASSE			
NEĻSC	ON PROPANE, II	NC.				IALLAMAS5E	E, FL	ORIDA	
Principal P	Place of Business	Mailing Add	dress		-				
P. O. BOX	vghill road 6812 See Fl 32314	P. O. BOX (2439 SPRINGHILL ROAD P. O. BOX 6812 TALLAHASSEE FL 32314			1 2007/10 6/00 1/4/10 10/00 1/4/10 10/4/10/10/10/10/10/10/10/4/10/10/4/10/4/10/4/10/4/10/4/10/4/10/4/10/4/10/4/			
	addresses are incorrect in an incipal Office Address, If App	ny way, line through incorrect			4 Pate laner				_
Suite, Apt.			New Mailing Office Address, If Applicable Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 10/24/1988			
City & State	·		City & State			5. FEI Number Applied For Not Applied For Not Applicable			
Zip Country		Zip	ip Country		6. CERTIFICATE OF STATUS DESIRED				ned
7. Names	and Street Addresses of Ea	ach Officer and/or Director (F.							
Title(s) 1	Name and/or 2	of Officers or Directors	3 3	Street Address of Each Officer and/or Director 3			City / Stat	le / Zip	
PD	NELSON, FRANK H. 434			4342 SNOOPY LANE		TALLAHASSEE FL			
STD	NELSON, SHARON B.		4342 SNOOPY LANE			TALLAHASSEE FL			
					اح	000030 -11/16/9 ****150	145 390 3.00-	4774 1050021 -****150.00	F
	R Name and Addre	es of Current Registered Ag	cent	1	9. Name and /	Address of New Regit	stered A		_
			Jan.	Name					
	ON, FRANK H. MILLS STREET				Street Address (P.O. Box Number Is Not Acceptable)				
TALLAI	HASSEE FL 32314			Suite, Apt. #, Etc	3 .			T==-	CRZEO40
				City			FL	Zip Code	
10. I, being Signature o Registered		agent of the above named corp	poration, am familiar v	with and accept the o	bilgations of Secti				
Registered	Agent		GENT MUST SIGN			Date			
this rein owed by	nstatement application, the re by the corporation have been	ctor or the receiver or trustee or reason for dissolution has been n paid and the names of indiv rate, and my signature shall h	en eliminated, the comp viduals listed on this fo	porate name satisfies orm do not qualify for	s the requirements r an exemption un	of section 607.0401 o	or 617.040	01, F.S., that all fees	i
SIGNAT	TIIRE: To		を できる (1) でき					KE	
01011.		TYPED OR PRINTED NAME OF	SIGNING OFFICER OR	DIRECTOR		Date	Day	time Phone #	

NELSON PROPANE, INC. P.O. Box 6812 TALLAHASSEE, FL 32314

October 29, 1999

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

RE:

Nelson Propane, Inc.

Document Number: J39359

To Whom It May Concern:

Please find enclosed my completed Application for Reinstatement and a check in the amount of \$150.00.

At this time I would like to request a one-time waiver of the reinstatement fees assessed, due to my not receiving the original Annual Report to file. Even though my business is in Tallahassee, my bookkeeper is in Panama City. When any tax forms or corporate reports are received by me, I immediately turn around and send them to my bookkeeper to handle for me. My bookkeeper also handles many other companies who do not normally send her this particular report to file, so she was under the impression that since she had not received it that I had taken care of it. This being the case, the report was never filed.

Please review my file and take into consideration that in the past I have always filed this report in a timely manner. After my bookkeeper spoke with a representative at your office, we are now both fully aware that the responsibility of filing this report is in the hands of the corporation. Your representative informed us that the reports are mailed in January of every year, and if this corporation does not receive it by February, to call your office for a duplicate copy to be sent.

Thank you for your time and consideration on this matter.

Sincerely,

Frank H. Nelson

President